400-00-7509

Description: Head of Household with dependents, short form and Direct Deposit

Forms: AZ-140A

PATS Info

Third Party Designee Information

Name = John E Plessy Phone = 480-524-2922

AZ-140A: Income from W2s and interest

Clean Elections Fund Tax Credit

Family Income Credit

Contributions

Overpayment with Direct Deposit

Add Preparer Information

Name = John Plessy

Firm = The Accounting Company

Address = 235 Business Street

City = Tempe

State = AZ

Zip = 85280

Phone = 480-524-2922

Self Employed = Yes

SSN = 400-25-9505

EIN = 88-6868687

Form COMBAT ZONE
Department of the Treasury - Internal Revenue Service

1040A		U.S	6. Individual Income Ta	ax Retu	ırn ₍₉₉₎ 2	2006	IRS Use Only	- Do not w	rite or staple in thi	is space.
Label		Your f	irst name and initial	Last name	e			OMB	No. 1545-007	4
(See page 18.)	Ļ					Your social security number				
,	A B	TEST		SH	ORTY		<u>40</u>	<u> </u>	7509	
Use the	E		nt return, spouse's first name and initial	Last name	9		Spo	ouse's soc	ial security numbe	er
IRS label.						,				
Otherwise,	H		address (number and street). If you have a		e page 18.	Apt.	no.		nust enter	
please print or type.	R		DUEEN OF HEARTS BL own or post office, state, and ZIP code. If yo					_	SSN(s) above.	_
		Oity, to		ou have a fore					box below will	
Presidential	_	TEME		f filing in install		35280		nge you Yo	r tax or refund.	
Election Car	mpaig	1	Check here if you, or your spouse i	r tiling jointi	·					ouse
Filing		2	Single Married filing jointly (even if only	one had inc		Head of household If the qualifying per	son is a child b	ງ person). out not you	(See page 19.) ir dependent,	
status		3	-		,	enter this child's na	me here.	7		
Check only		• _	Married filing separately. Enter spouse's full name here.	SSN above a	na 5	Qualifying wido	w(er) with d	enender	t child (see na	nge 19)
one box.			iuii name nere. ▼			qualifying mas	m(or) mar a	эролиол	it orina (ooo pa	igo io,
Evemptie		6 a	X Yourself If someone can c	aim you as	a dependent, do no	ot check		\neg	Boxes	
Exemptio	1115		box 6a.					>	checked on 6a and 6b	1
		b	Spouse						No. of children	
If more than six	depend	ents, C	Dependents:		(2) Dependent's social	(3) Dependent relationship to	. L`ifvina	eck if qual- child for	on 6c who:	
see page 21.	(1) First	name	Last name		security number	you	child t	tax credit pg. 21)	lived with you	4
<u>S7</u>	AMUE	EL	SHORTY		400-55-301			X	 did not live with you due 	
<u>M</u> 2	ARY		SHORTY		<u>400-55-401</u>			X	to divorce or separation	
	EOR		SHORTY		189-81-919			X	(see page 22)	
<u>WI</u>	END	<u> </u>	SHORTY		189-19-819	<u>8 Daughter</u>		X	Dependents on 6c not	
									entered above	
_										
			Takal assessing of assessations alsie						Add numbers on lines	5
		d	Total number of exemptions clair	nea.					above P	
Income		7	Wages, salaries, tips, etc. Attach	Form(s) W	'-2 .			7	25.	500
Attach				. ,						
Form(s) W-2 here. Also	<u>-</u>	8 a	Taxable interest. Attach Schedule	e 1 if requir	ed.			8a		50
attach		b	Tax-exempt interest. Do not inclu	ide on line	8a.	8b		_		
Form(s)		9 a	Ordinary dividends. Attach Sched	dule 1 if req	uired.			9a		
1099-R if tax was withheld		b	Qualified dividends (see page 25).		9b		_		
	 .	10	Capital gain distributions (see pa	ge 25).				10		
If you did not		11a	IRA		111					
get a W-2, see page 24.			distributions. 11a			(see page 25).		11b		
		12a	Pensions and		121			4.01		
Enclose, but do not attach, any		40	annuities. 12a			(see page 26).		12b		
payment.		13	Unemployment compensation, A	aska Perm	anent Fund dividend	is, and		40		
		14a	jury duty fees. Social security		141	Taxable amount		13		
		144	benefits. 14a		141	(see page 28).		14b		
			Deficition 14a			(see page 20).		140		
		15	Add lines 7 through 14b (far right	column) T	his is your total inc	ome.	•	15	25	550
		16	Penalty on early withdrawal of sa		mo to your total mo					, 330
Adjusted			page XX).	30 (000		16				
gross		17	IRA deduction (see page 28).			17		-		
income		18	Student loan interest deduction (see page 3	1).	18		•		
		19	Jury duty pay you gave your emp		-			•		
			page XX).	- •		19				
		20	Add lines 16 through 19. These a	re your tot	al adjustments.			20		
		21	Subtract line 20 from line 15. This	s is your ad	justed gross incom	е		21	25 ,	550

Name(s) shown on	page 1	Y	our social se	ecurity number
TEST Z S	HORT	PY	400-	-00-7509
Tax,	22	Enter the amount from line 21 (adjusted gross income).	22	
credits,				
•	23a	Check You were born before January 2, 1942, Blind Total boxes		
and		if: Spouse was born before January 2, 1942, Blind checked 23a		
payments	b	If you are married filing separately and your spouse itemizes		
Standard Deduction		deductions, see page 32 and check here ▶ 23b		
for -	_ 24	Enter your standard deduction (see left margin).	24	7,700
People who checked any	25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0	25	5 18,000
box on line 23a or 23b or	26	If line 22 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrir	ıa,	
who can be		see page 33. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6	d. 26	6 16,500
claimed as a dependent,	27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0		
see page 32.		This is your taxable income .	▶ 27	7 1,500
All others:	28	Tax, including any alternative minimum tax (see page 34).	28	8 151
Single or Married filing	29	Credit for child and dependent care expenses.		
separately, \$5,150		Attach Schedule 2. 29		
Married filing	30	Credit for the elderly or the disabled. Attach		
jointly or Qualifying		Schedule 3. 30		
widow(er) \$10,300	31	Education credits. Attach Form 8863.		
Head of	32	Retirement savings contributions credit. Attach Form 8880. 32		
household, \$7,550	33	Child tax credit (see page 38). Attach		
ψ1,550		, , , , ,	51	
	34	Add lines 29 through 33. These are your total credits .	<u>JI</u> 34	4 151
	35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0	35	
	36	Advance earned income credit payments from Form(s) W-2, box 9.	36	
	37	Add lines 35 and 36. This is your total tax.	▶ 37	
	38	•		7 500
		±/ 0	<u>00 </u>	
	39	2006 estimated tax payments and amount		
If you have a qualifying child, attach		applied from 2005 return. 39		
Schedule	_ 40a	Earned income credit (EIC). 40a 2, 2	<u>69</u>	
EIC.	b	Nontaxable combat pay election. 40b		
	41	Additional child tax credit. Attach Form 8812. 41 2, 1	<u>30 </u>	
	42	Credit for federal telephone excise tax paid.		
		Attach Form 8913 if required. 42		
	43	Add lines 38, 39, 40a, 41, and 42. These are your total payments .	▶ 43	³ 5,399
Refund	44	If line 43 is more than line 37, subtract line 37 from line 43.		
		This is the amount you overpaid .	44	4 4,899
Direct deposit?	45a	Amount of line 44 you want refunded to you . If Form 8888 is attached, check here	▶ 45	^{5a} 4,899
See page 53	▶b	Routing number X X X X X X X X X X X X X X X X X X X		
and fill in 45b, 45c,	٠.			
and 45d or	▶d	Account number X X X X X X X X X X X X X X X X X X X		
Form 8888.	46	Amount of line 44 you want applied to your		
		2007 estimated tax. 46		
Amount	47	Amount you owe. Subtract line 43 from line 37. For details on how		
you owe		to pay, see page 54.	▶ 47	7
•	48	Estimated tax penalty (see page 54). 48		
Third party	Do	you want to allow another person to discuss this return with the IRS (see page 55)?	e the following	ing. No
designee	De	Eignee's name		_
doolgiloo	▶Jo	ohn Plessy ►480-524-2922 number	al identification	1 1 1 2 2
Cian	Un	der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the best	of my
Sign		by b	tax year. De	eclaration
here Joint return?		ur signature 78900 Date Your occupation		Daytime phone number
See page 18.	10.	02-15-2007 DEALER		
Кеер а сору	${}$	buse's signature. If a joint return, both must sign. Date Spouse's occupation		480-524-0615
for your records.	Зр	Spouse's occupation		400-324-0013
	Des	parer's Date Check	if celf	Preparer's SSN or PTIN
Paid		parer's Date Check 10-18-2006 employ		400-25-9505
preparer's		10-18-2000 employ		<u> </u>
use only	you	Ins if self-		EIN 88-6868687
add dilly	ado	ployed), dress, and more a series and more as a ser	—— ^F	Phone no.
FFA	ZIP	Tempe AZ 85280		480-524-2922 Form 1040A (2006)
rra				1 01111 10 TOTA (4000)

D1 - 8/29/06

Page 2

Form 1040A (2006)

SCHEDULE EIC

(Form 1040A or 1040)

Department of the Treasury

Internal Revenue Service

Name(s) shown on return

CAUTION!

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

OMB No. 1545-0074

2006

Attachment Sequence No. 43

400-00-7509

TEST Z SHORTY

Your social security number

Before you begin:

See the instructions for Form 1040A, lines 40a and 40b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC and (b) you have a qualifying child.

- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.

Qualifying Child Information		(Child 1	Child 2		
1	Child's name If you have more than two qualifying children, you only have to list two to get the maximum credit.	First name WENDY SHORTY	Last name	First name GEORGE SHORTY	Last name	
2	Child's SSN The child must have an SSN as defined on page 44 of the Form 1040A instructions or page 48 of the Form 1040 instructions unless the child was born and died in 2006. If your child was born and died in 2006 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate.	189-19-81	98	189-81-919	8	
3	Child's year of birth	Year 2001		Year 2000 If born after 1987, skip lines 4a and 4b; go to line 5.		
4 a	If the child was born before 1988- Was the child under age 24 at the end of 2006 and a student?	Yes. Go to line 5.	No. Continue.	Yes. Go to line 5.	No. Continue.	
b	Was the child permanently and totally disabled during any part of 2006?	Yes. Continue.	No. The child is not a qualifying child.	Yes. Continue.	No. The child is not a qualifying child.	
5	Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	DAUGHTER		SON		
6	Number of months child lived with you in the United States during 2006 If the child lived with you for more than half of 2006 but less than 7 months, enter "7."					
	 If the child was born or died in 2006 and your home was the child's home for the entire time he or she was alive during 2006, enter "12." 	<u>12</u> Do not enter i	months more than 12 months.		months re than 12 months.	

TIP

You may also be able to take the additional child tax credit if your child (a) was under age 17 at the end of 2006, and (b) is a U.S. citizen or resident alien. For more details, see the instructions for line 41 of Form 1040A or line 68 of Form 1040.

ARIZONA FORM 140A

Filing Exemp

Resident Personal Income Tax Return (Short Form)

2006

	•	STOP Do not use this form if your Arizona							
_	VOL	If your Arizona taxable income is \$50,00	00 or more, yo	ou must use	e Arizona F		COCIAL CI	FOLIF	DITY NO
	1	R FIRST NAME AND INITIAL					SOCIAL SI		
		TEST Z	SHORTY				<u> </u>		
	1	JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME			SPOUSE	E'S SOCI/	AL SE	ECURITY NO.
	\perp	SENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO	DAYTIME PHOI	VE (with area	code)		V		
	2			,	,	89	X		
		12 QUEEN OF HEARTS BLVD E ADDRESS CONTINUED	HOME PHONE	524-0					
	2		94	(40)	82F	his box if:	n III	der extension
	=	, TOWN OR POST OFFICE STATE ZIP C					OR USE		
	3	TEMPE, AZ 85280				FORD	OK USE	ONL	
_	4	Married filing joint return							
F S i t	1 7		EL SHOR	т					
l a	6	Married filing separate return. Enter spouse's Social Security Number above	<u> </u>	_					
i t n u	'	and full name here.							
g s	7	Single							
Εt	Ente	er the 8 0 0 Age 65 or over (you and/or spouse)							
x i e o		nber 900 Blind (you and/or spouse)			88				
m n		med. Do put a 10 0 4 Dependents. From page 2, line A2 - do not include self of	or spouse.						
p s	che	ck mark.	page 2, line A5.		81		80		
Α	THI	S BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA F UR RETURN	ROM		adjusted gros	s income • •		12	25,550 oo
t				13 Age 65 over	or 13		00		
t				14 Blind	14		00		
а		■III 對於 医内侧下沟肿瘤 化基乙醇磺胺胺苯酚 电电影电话的电影形 ■IIII		15 Depende		9,20	00 00		
C h				16 Qualifyir parents	¹⁹ • • 16		00		
l _w				17 Total su	btractions. Ad	d lines 13 through	16	17	9,200 00
2				18 Arizona	AGI. Subtract	line 17 from line 12		18	16,350 00
				19 Standard	d deduction			19	8,494 00
0		III BAARSANASARAPINAA MERENGANA MARKADANGA III III			Il exemptions			20	4,200 00
	L					ne 18 minus lines 1		21	3,656 00
a					n Optional Tax			22	100 00
s				_	YOURSELF	und Tax Reduction			5 00
τ	25	Reduced tax. Subtract line 24 from line 22 · · · · · · · ·		J 23'L∆	TOURSELF	23~SP00	F	24 25	95 00
р	26	Family income tax credit from worksheet on page 8 of instructions						26	00
g	27	Subtract line 26 from line 25. If less than zero, enter zero • •						27	95 00
e.	28	Clean Elections Fund Tax Credit. From worksheet on page 9 of the	he instructions					28	20 00
	29	Balance of tax. Subtract line 28 from line 27. If line 28 is more that	an line 27, ente	er zero				29	75 00
	30	Arizona income tax withheld during 2006			30	90	00 00		
A	31	Amount paid with 2006 Arizona extension request (Form 204)			31		00		
Ť	32	Increased Excise Tax Credit from worksheet on page 9 of the ins	tructions •		32		00		
A	33	Property Tax Credit from Form 140PTC • • • • • • • • • • • • • • • • • • •			33		00		
С	34	Total payments/credits. Add lines 30 through 33 · · · · · ·		• • • • •		• • • • • • •	• • • ;	34	900 00
	35	TAX DUE. If line 29 is larger than line 34, subtract line 34 from line			of tax due.	Skip line 36	• • • ;	35	00
Р	36	OVERPAYMENT. If line 34 is larger than line 29, enter amount of	f overpayment	• • • •	• • • • • •		• • •	36	825 00
A	37 -	45 Voluntary Gifts to: AID TO EDUCATION	1 -1-	CITIZ	ZENS CLEAN				
М.		(entire refund only) • • • 37 UU ARIZONA WILDLIFE 3		00 ELEC	ZENS CLEAN CTIONS • • ONAL GUARI EF FUND •	39	6 00		
Е		PREVENTION ••••• 40 3 00 SHELTER ••••• 4	-	<u></u>			8 00		
N					TICAL GIFT		4 00		
Т	46	Check only one if making a political gift: 461 X Democratic	462 Lib	ertarian	463	Republican	 	<u>.</u> .T	E d
н	47	Total voluntary gifts: Add lines 37 through 45 · · · · · · · · · · REFUND. Subtract line 47 from line 36. If less than zero, enter an	nount owed or	line 40		. .		47	59 00 766 00
E	48	Direct Deposit of Refund: See instructions. ROUTING NUMBER ACCOUNT NUMBER	nount oweu Ol		Checking or		· · · · · ·	48	766 00
R	1	ROUTING NUMBER ACCOUNT NUMBER 123123123		s s	Savings				
	49	AMOUNT OWED. Add lines 35 and 47. Make check payable to Arizona Depar	tment of Revenue			ł		49	00
	 	Payment enclosed. Check the box and attach payment.	or recruit	.,	paymon	-	F		100
	l '		TO 01011 T: :-	- DET: :=:					
		PLEASE BE SURE	TO SIGN THE	- KETURN	I ON PAGE	2.			

D1 - 8/24/06

Form 140A (2006)

. 61111 1107 (2000)	400-00-7309	. 490 = 0.
PART A: Dependents and Qualifying Parents - do not list yourself or snouse		

ART A: Dependents and Qualifying Parents - do not list yourself o	-		
1 List children and other dependents. If more space is needed, attach	a separate sheet.		NO. OF MONTHS LIVED IN YOUR
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	HOME IN 2006
SAMUEL SHORTY	400-55-3012	\$ON	12
MARY SHORTY	400-55-4012	<u> </u>	12
GEORGE SHORTY	189-81-9198	SON	12
WENDY SHORTY	189-19-8198	DAUGHTER	12
2 Enter total number of persons listed in A1 here and on page 1 of this	form, box 10 • • • • • • •	· · · · · · · · TOTAL	A2 4
a3 a Enter the names of the dependents listed above who do not quali	fy as your dependent on your feder	al return. See page 5 of th	e instructions.
b Enter dependents listed above who were not claimed on your federal	eral return due to education credits	:	
List qualifying parents and ancestors of your parents. If more space i	s needed, attach a separate sheet	You cannot list the same	person here and
also on line A1. For information on who is a qualifying parent or ance	estor of your parents, see page 6 c	f the instructions.	
			NO. OF MONTHS
FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	LIVED IN YOUR HOME IN 2006
Enter total number of persons listed in A4 here and on page 1 of this	form, box 11	······TOTAL	A5 0
	•		
ART B: Last Name(s) Used in Prior Years if different from name(s) used in current vear		
36	,		
<u> </u>			
I have read this return and any attachments with it. Under penalties of perjury, I and complete. Declaration of preparer (other than taxpayer) is based on all infor			
	10-18-2006	DEALER	
YOUR SIGNATURE SE		OCCUPATION	
S	57.1.2	000017111011	
ODOLIOSIO OLOMATURS	DATE	SPOUSE'S OCCUPATION	
N DAID DDEDADEDIS SIGNATI IDE	<u>'I'he Accoun'</u> FIRM'S NAME (PREPARER	ting Company	
N PAID PREPARER'S SIGNATURE H			
E B	235 Busines		
<u>88-6868687</u> <u>10-18-2006</u>	Tempe, AZ	<u>85280</u>	
PAID PREPARER'S TIN DATE PAID PREPA	RER'S ADDRESS		

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

ARIZONA FORM

Arizona Department of Revenue

AZ	Z-8879	E-file Signature	Authorization	
YOUR FIRST N	NAME AND INITIAL	LAST	NAME	YOUR SOCIAL SECURITY NO.
TEST Z		SH	ORTY	400-00-7509
IF A JOINT RE	TURN, SPOUSE'S FIRST NAME AND	INITIAL LAST	NAME	SPOUSE'S SOCIAL SECURITY NO.
PART I PU	URPOSE			
 To certify 	the truthfulness, correctness, a	nd completeness of the taxpayer	's electronic income tax return.	
To autho	rize the Electronic Return Origin	ator (ERO) to affirm that the taxp	payer wishes to use the taxpayer's electron	ic signature to the
taxpayer'	's federal individual income tax r	eturn as the taxpayer's signature	to the taxpayer's electronic Arizona individ	dual income tax
return.				
PART II - TA	AX RETURN INFORMATION	1	PART II - FINANCIAL INSTITUTION INI	FORMATION -
			Must be present when requesting direct	
1 Arizona	Adjusted Gross Income • • • •	16,350 00		ING NUMBER
	e Of Tax	·	X Checking Savings 0 2	2 1 2 3 4 5 6 7
	Income Tax Withheld • • • • •		ACCOUNT NUMBER	
4 Refund			1 2 3 1 2 3 1 2 3	
5 Amount	You Owe • • • • • • • • •			ECT DEBIT PAYMENT AMOUNT
			 	.00
Under penalites	ding December 31, 2006, and to the bes	ned a paper copy of my electronic Arizor st of my knowledge and belief, it is true,	na individual income tax return and accompanying so correct, and complete. I further declare that the amo	unts of Arizona
-		ithheld, and refund (or amount owed) lis	sted above are the amounts shown on the paper cop	y of my electronic
Arizona income	e tax return.			
6a X 6b 6c	joint return, this is an irrevocable app I do not want direct deposit of my ref I authorize the Arizona Department c entry to the financial institution accou the financial institutions involved in the	cointment of the other spouse as an age found or I am not receiving a refund. of Revenue (DOR) and its designated Fir junt indicated in the tax preparation softwal the processing of the electronic payment	e portion of my 2006 Arizona individual income tax re nt to receive the refu nancial Agent to initiate an ACH electronic funds with lare for payment of my Arizona taxes owed on this re of taxes to receive confidential information necessar	ndrawal (direct debit) sturn. I also authorize
the tax liability		f the DOR does not receive full and time s. When electronically filing my federal a	ly payment of my tax liability by April 16, 2007, I will nd state tax returns, I understand that if there is an e	
schedules and OLSP and/or tr is rejected, the reason(s) for th	statements to DOR, and I consent to m ransmitter an acknowledgement of recei reason(s) for the rejection. If the proces	y ERO or OLSP sending such informatic ipt of transmission and an indication of w ssing of my return or refund is delayed, I f DOR contacts my ERO for a copy of m	ng my electronic Arizona individual income tax return on to DOR through a transmitter. I consent to DOR so whether or not the transmission of my return is accepauthorize DOR to disclose to my ERO, OLSP and/only return, any attachments or schedules to my return.	ending my ER0, oted and, if the return r transmitter the
I authorize <u>J</u>	ohn Plessy (ELECTRONIC RETURN (the election that I want my electronic signature to m	y electronic federal individual
ERO makes th will have signe and complete.	ne election that my electronic signature to ad my Arizona individual income tax retu	o my federal individual income tax return rn and declared under penalites of perju s to make the election of my electronic si	rn for the year ending December 31, 2006. I underst n will serve as my signature to my Arizona individual rry that to the best of my knowledge and belief the re ignature to my federal individual income tax return as	income tax return, I turn is true, cα
P L E			10-18-2006	
P YOU YOU SER SE	IR PEN AND INK SIGNATURE		DATE	
	I ISE'S DEN AND INK SIGNATUDE			
1 5PU	USE'S PEN AND INK SIGNATURE		DATE	

Do <u>not</u> mail this form to the Arizona Department of Revenue. The ERO must retain this document a minimum of four years.

*****KEEP FOR YOUR RECORDS*****

Clean Elections Fund Tax Reduction Worksheet

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

NOTE: Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1.	Enter the amount of tax from Form 140 line 22, Form 140NR line 25, or Form 140PY line 25.	1.	100
2.	If you checked the box for yourself, enter \$5. If a joint return and your spouse also checked the box for spouse, enter \$10.	2.	5
3.	Balance of tax eligible for tax reduction. Subtract line 2 from line 1. If less than zero, enter zero "0".	3.	95
4.	If you checked the box for yourself, enter \$5. If a joint return and your spouse also checked the box for spouse, enter \$10.	4.	5
5.	Tax reduction. Enter the lesser of line 3 or line 4. Also enter this amount on Form 140, line 24, Form 140NR line 27, or Form 140PY line 27.	5.	5

*****KEEP FOR YOUR RECORDS*****

Clean Elections Fund Tax Credit Worksheet

NOTE: Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for this credit.

Do not include those amounts here regardless of whether you made the designation this year or in a prior year.

For 2006, you may claim a credit for:

- Donations made directly to the fund during 2006.
- A donation made to the fund on your 2005 income tax return that you filed in 2006.

You may not claim a credit on the 2006 return for a donation made to the fund on your 2006 return. If you make a donation to the fund with your 2006 return, that you file in 2007, you may claim a credit for that donation on your 2007 return.

NOTE: This credit will only reduce your tax and cannot be refunded. You may not carry forward any amount of unused credit.

Enter the amount donated directly to the fund during 2006. Output Description: 1.	20
2. Enter the amount donated to the fund with your 2005 tax form. 2. 2.	
3. Add line 1 and line 2. Enter the total. ••••• 3.	20
4. Enter the amount from Form 140, line 25, Form 140PY, line 28, or Form 140NR, line 28. • • • • • 4.	95
5. Enter the amount from Form 140, line 26, Form 140PY, line 29, or Form 140NR, line 29. • • • • • 5.	
6. Enter the amount from Form 140, line 27 or Form 140PY, line 30. • • • • • • • • 6.	
7. Add line 5 and line 6. Enter the total. ••••• 7. (Forms 140, 140PY only)	
8. Subtract line 7 from line 4 8. Note: For Form 140NR, subtract line 5 from line 4	95
9. Multiply line 8 by 20% (.20). • • • • • • • • 9.	19
 Enter \$550 if single, head of household, or married filing separately. Enter \$1,100 if married filing joint. 	550
11. Enter the larger of line 9 or line 10. •••••• 11.	550
12. Enter the smaller of line 3, line 8, or line 11 here and also on Form 140, page 1, line 30.	20

a Control number		OMB No. 15	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN))		1 Wages, tips, other compensation	2 Federal income tax withheld
64-1234567			20,000	1,000
${f c}$ Employer's name, address, and ZIP	code		3 Social security wages	4 Social security tax withheld
UCAN WINABUNDLE	RIVERBOAT		20,000	1,240
			5 Medicare wages and tips	6 Medicare tax withheld
12 QUEEN OF HEAR	TS BLVD		20,000	290
TEMPE	AZ	85280	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
<u>400-00-7509</u>			500	12a See instructions for box 12
Employee's first name and initial	Last name		11 Nonqualified plans	C 8
	ANASTA TS BLVD		13 Statutory Retmnt. Third-party sick pay	12b C
		05200	14 Other	12c
TEMPE	AZ	85280	Otner	C C
				12d C R
f Employee's address and ZIP code				ğ
State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
Z 121212888	20,000	90		
i			1	
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Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

The information on this Form W-2 was used to prepare the taxpayer's 2005 Federal tax return by The Accounting Company.

a Control number		OMB No. 154	Safe, accurate, FAST! Use IRS e-	Visit the IRS website at www.irs.gov/efile.
b Employer identification number (EIN) 11–1222333			1 Wages, tips, other compensation 5 , 500	2 Federal income tax withheld
c Employer's name, address, and ZIP code THE EMPLOYEER			3 Social security wages 5,500 5 Medicare wages and tips	Social security tax withheld 341 Medicare tax withheld
THE ROAD WAYNESVILLE	NC	28786	7 Social security tips	8 0 8 Allocated tips
d Employee's social security number $400-00-7509$			9 Advance EIC payment	10 Dependent care benefits
TEST Z SHORT 12 QUEEN OF HEARTS B TEMPE f Employee's address and ZIP code	LVD AZ	85280	11 Nonqualified plans 13 Statutory Retmnt. Third-party sick pay 14 Other	12a See instructions for box 12 g 12b C g 12c C g 12c C g 12d C g 12d C g 12d C g 12d
15 State Employer's state ID no. 16 State AZ	wages, tips, etc. 1 5 , 500	7 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
Wassand Tay				

2006

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return. This information is being furnished to the Internal Revenue Service.

The information on this Form W-2 was used to prepare the taxpayer's 2005 Federal tax return by The Accounting Company.